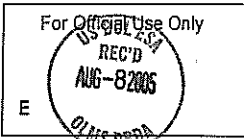


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5198</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>JAMES H DUNN</u> P.O. Box, Bldg., Room No., if any <u>1475</u> Street _____ City <u>NASHVILLE</u> State <u>TN</u> ZIP Code + 4 <u>37202</u>	4. Name, file number, and address of labor organization. Name <u>PAGE INTL. UNION</u> Labor Organization File Number <u>000318</u> P.O. Box, Building and Room Number, if any <u>1475</u> Street _____ City <u>NASHVILLE</u> State <u>TN</u> ZIP Code + 4 <u>37202</u>
5. Position in labor organization. <u>SECRETARY - TREASURER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____  7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>James H. Dunn</u>	On <u>8-4-05</u> Date	<u>615-834-8590</u> Telephone Number

Name of Person Filing <u>JAMES H. DUNN</u>	File Number U- <u>000318</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<b>8. Name and address of Business (including trade name, if any).</b> Name <u>DAVIS-HAMILTON-JACKSON</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street <u>1401 MCKINNEY ST</u> City <u>HOUSTON</u> State <u>TX</u> ZIP Code + 4 <u>77010</u>	<b>9. Business deals with:</b> <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b> Name <u>PACE EMPLOYEE PENSION FUND</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any: <u>1475</u> Street: City <u>NASHVILLE</u> State <u>TN</u> ZIP Code + 4 <u>37202</u>	<b>11.a. Nature of such dealing.</b> <u>BUFFET DINNER</u> <b>11.b. Approximate dollar value of such dealing.</b> <u>\$35</u> <b>12.a. Nature of interest held or income received.</b>  <b>12.b. Amount.</b> 

<b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b>	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b> Name Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street: City: State: ZIP Code + 4: <b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14.a. Nature of payment.</b>  <b>14.b. Amount of payment.</b> 

Name of Person Filing <u>JAMES H. DUNN</u>	File Number U- <u>000318</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>THE McLAUGHLIN COMPANY</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>1725 DESALES ST N.W.</u> City <u>WASHINGTON, DC</u> State <u>                    </u> ZIP Code + 4 <u>20036</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State <u>                    </u> ZIP Code + 4 <u>                    </u>	11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 10px; min-height: 80px;"> <u>CHRISTMAS GIFT - BINSETTIA</u> </div>
	11.b. Approximate dollar value of such dealing. <u>45.00</u> 12.a. Nature of interest held or income received. <div style="border: 1px solid black; height: 100px;"></div>
	12.b. Amount. <div style="border: 1px solid black; height: 20px;"></div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State <u>                    </u> ZIP Code + 4 <u>                    </u>	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="border: 1px solid black; height: 20px;"></div>

Name of Person Filing JAMES H. DUNNFile Number U- 000318

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name WEAVER C. BARKSDALETrade Name, if any: P.O. Box, Bldg., Room No., if any SUITE 450Street TEN CADILLAC DRCity BRENTWOODState TN ZIP Code + 4 37027

9. Business deals with:

- ☐ a. Labor Organization  
☒ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name PACE INDUSTRY BENEFITSTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 3320 PERIMETER HILL DRCity NASHVILLE,State TN ZIP Code + 4 37211

11.a. Nature of such dealing.

DINNER WITH TRUSTEES -  
GUEST11.b. Approximate dollar value of such dealing. \$77

12.a. Nature of interest held or income received.

12.b. Amount. 

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?14.b. Amount of payment.

Name of Person Filing <u>JAMES H. DUNN</u>	File Number U- <u>000318</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>BANK OF AMERICA</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street <u>414 UNION ST</u> City <u>NASHVILLE</u> State <u>TN</u> ZIP Code + 4 <u>37239</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street City State ZIP Code + 4	11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 10px; text-align: center; font-size: 1.2em;"> <u>BUSINESS- LUNCH</u> </div>
	11.b. Approximate dollar value of such dealing. <u>\$ 27.50</u>
	12.a. Nature of interest held or income received. <div style="border: 1px solid black; height: 100px;"></div>
	12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street City State ZIP Code + 4	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.

Name of Person Filing

JAMES H. DUNN

File Number U-

000318

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BANK OF NEW YORKTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 1 WALL STCity NEW YORKState N.Y. ZIP Code + 4 10286

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name PACE INDUSTRY FUNDSTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 3320 PERIMETER HILL DRCity NASHVILLEState TN ZIP Code + 4 

11.a. Nature of such dealing.

DINNER WITH TRUSTEES - GUEST

11.b. Approximate dollar value of such dealing.

\$70-

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing JAMES H. DUNNFile Number U- 000318

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name WEAVER C. BARKSDALETrade Name, if any: P.O. Box, Bldg., Room No., if any SUITE 450Street TEN CADILLAC DRCity BRENTWOODState TN ZIP Code + 4 37027

## 9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name PAGE PENSION FUND (EMPLOYEES)Trade Name, if any: P.O. Box, Bldg., Room No., if any 1475Street City NASHVILLEState TN ZIP Code + 4 37203

## 11.a. Nature of such dealing.

DINNER - WITH TRUSTEES

## 11.b. Approximate dollar value of such dealing.

\$60

## 12.a. Nature of interest held or income received.

## 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.